



Fort Carson
Train the Trainer – SACM-VT 8-800
Registration Form

Registration for the Train the trainer program is required. This form should be on file with the EMT School 30 days prior to the start date of class.

Class Dates: _____ to _____

Last Name: _____ First Name: _____ MI _____

Rank: _____ SSN: _____ MOS _____ ETS: _____

Unit: _____ Duty Phone _____ Home Phone _____

Email address: _____

I understand that the class starts at 0730 on the above date at BLDG 1012.

If I am not in class at that time on that date, I will be dropped and my Platoon Sergeant and Commander/1SG will be notified.

I do not have a profile restricting me from lifting or carrying at least 125 pounds, and I possess a current valid CPR card, EMT, and BTLS-A card. I have attended the Trauma-AIMS Course and have had my "Y2" identifier removed.

If I am unable to attend the course, I will give the EMT school a minimum of 72 hours notice prior to the start date.

Applications should be submitted no later than 30 days prior to course beginning date.

Student must have certification of all training submitted with application. If not received by registration day they will not get a seat in that class.

Signature: _____ CPR Expiration date (month/year): _____

PLATOON SERGEANT

Rank: _____ Last Name: _____ First Name: _____

Signature: _____ Phone: _____

UNIT COMMANDER or 1SG is approving authority and validates that the above soldier will attend the course.

SUPERVISOR: for civilian personnel

The above named soldier has unit authorization to attend the train the trainer course on the above dates and has no further additional duties or obligations during the course (CQ, SDO, etc).

Rank: _____ Last Name: _____ First Name: _____

Commander/1SG Signature: _____ Commander/1SG Phone: _____

MAJOR COMMAND TRAINING NCO (BRIGADE LEVEL)

Rank: _____ Last Name: _____ First Name: _____

Signature _____ Phone: _____

Questions may be addressed at BLDG # 1012 or phone 526-2820 / 8590. Fax 526-5351.